

ABSTRACT
SOCIAL WORK

Minnifield, Alvin B.S.W. Tuskegee University, 1987

**A DESCRIPTIVE STUDY OF SELF ESTEEM AND ANXIETY: KEY ISSUES
IN AN HIV SUPPORT GROUP FOR AFRICAN AMERICAN MALES**

Advisor: Professor Hattie M. Mitchell

Thesis dated May 1995

 This descriptive study examined the effects support groups have on the self-esteem and anxiety levels of HIV positive African American males. A total of thirty African American males in a local support group in Atlanta, Georgia were asked to participate in this study. Simple descriptive statistics were used to analyze the data.

 The findings revealed that there is no significant differences in self esteem and anxiety levels of HIV positive African American males in a support group.

**A DESCRIPTIVE STUDY OF SELF-ESTEEM AND ANXIETY:
KEY ISSUES IN AN HIV SUPPORT GROUP FOR
AFRICAN AMERICAN MALES**

A THESIS

**SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK**

BY

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SCHOOL OF SOCIAL WORK

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CHAPTER ONE

INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS) has created a major health crisis on this nations health care system. It appears to be one of the most devastating diseases ever to plague mankind. The rate of the HIV/AIDS disease among all Americans continues to increase. But for African Americans the rate of infection is significantly higher compared to whites.¹

African Americans represent only 12 percent of the American population, they account for approximately 25 percent of the adult AIDS cases reported.² The African American male stands as a key figure in the spread of the AIDS virus in the African American community.³ There appears to be growing concern with the African American male in relation to the spread of the AIDS virus. The concern appears to be to change attitudes about the disease and to foster awareness regarding the risky behaviors which puts the African American male at

¹Reynard R. Bouknight, and La Claire G. Bouknight, "Acquired Immunodeficiency Syndrome in The Black Community: Focusing on Education and The Black Male," New York State Journal of Medicine (December 1988): 638.

²Ibid.

³Ibid.

risk for the disease.

Yet, no attention if any focuses on the African American male, who is living with the virus, in terms of the levels of stress, anxiety, self-esteem and social support systems to help him cope effectively with the disease.

There is considerable evidence that Persons With AIDS (PWA's) suffer from a high level of subjective distress such as anxiety, fear, depression, hopelessness, suicidal rumination and guilt.⁴ However, in the social work profession, few if any studies focus on HIV positive African Americans, particularly African American males. Despite the fact that HIV infection among African Americans has increased. Ethnic minorities and African Americans in particular, are over represented in every reported risk group for AIDS except hemophilia. This lack of empirical research provides this researcher with a need to examine to what extent HIV positive African American males in a support group experience high anxiety and low self-esteem.

STATEMENT OF THE PROBLEM

As mentioned previously, the numbers of reported cases of AIDS is increasingly disproportionately among African Americans in the United States. For African Americans, who are HIV positive, life and social support may become fragmented and filled with stress and anxiety, if one's status

⁴Julie Hintze, Donald L. Templer and Gordon G. Cappelletty, "Death Depression and Death Anxiety in HIV Infected Males," Death Studies 17 (July-August 1993): 333.

is made known to family, friends employers and landlords. This is particularly true for the African American male.

AIDS is destined to go down in history as one of the most devastating diseases ever to plague mankind. In addition to its impact on personal and public health.⁵ Recent reports from the Centers for Disease Control and Prevention (CDC) reports that AIDS is now the leading cause of death among Americans ages 25 to 44. The disproportionate incidence of AIDS in the African American community is at least in part related to heavy intravenous drug use in densely populated urban areas. African American males both homosexual and bisexual account for 46.3 percent of all cases in African Americans.⁶

African Americans males appear to be at a greater risk for continual contracting of the AIDS virus because of the high level of ignorance many in their community have regarding homosexuality and the refusal to acknowledge that AIDS exist in their community. As mentioned previously, although African Americans make up only 12 percent of the nation's population. They account for 28 percent of Persons With AIDS.⁷

⁵Bouknight and Bouknight, "Acquired immunodeficiency syndrome in the black community: Focusing on education and black male," 638.

⁶Ibid.

⁷John B.Jemmott III, Loretta Sweet Jemmott, and Geoffrey T. Fong, "Reductions in HIV Risk Associated Sexual Behaviors among Black Male Adolescents: Effects of An AIDS Prevention Intervention," American Journal of Public Health vol 82, no.3 (March 1992): 372.

For the African American male, who is HIV positive his life and social support system may become fragmented and filled with stress and anxiety, if he makes his status known to family, friends, employers and landlords. Most choose to keep quiet about their status in order to take charge of their HIV illness, going beyond their sea of denial to a place where they can accept the realities of their illness and act on them without fear or indecision.⁸ Keeping quiet about their HIV status as long as possible to avoid hassles, discrimination, and the counterproductive moralizing of people around them.⁹

African American men infected with HIV are judged to have failed their community. Whatever they had done to get HIV, having sex with men, shooting drugs, or having sex with women other than their wives, they are perceived as having let their family down. They are also perceived as having not filled the role of the family man. A lot of how the African American community react to HIV has to do with the role of gender within the family and community. African American men are viewed as the symbol of the family and are lifted up in a special way.

SIGNIFICANCE AND PURPOSE OF THE STUDY

The problem of HIV/AIDS in the African American community is of importance, because of the growing number of African

⁸Janice Ferry, "People of Color: Take Charge of Your HIV Status," Positively Aware (February 1992): 14.

⁹Ibid.

Americans who are testing positive for the HIV virus. The rate of infection among African American men continues to increase. Transmission patterns among African Americans with HIV are markedly different from those among whites.¹⁰ Among all racial and ethnic groups, homosexual contact between men is the most common route of transmission of HIV. African American men represent 44 percent of the transmission per homosexual and bisexual transmission of the disease.¹¹

African American males living with HIV/AIDS who are actively involved in social support groups would appear to benefit from working with others to help diminish their anxiety and help increase their self esteem. The purpose of the study is to shed light and understanding on the levels of self esteem and anxiety that HIV infected African American males experience. There is a need to dispel misconceptions, misunderstanding and to discover the true emotional and psychological issues facing HIV positive African American males. Thus, the purpose of the descriptive study is to identify, examine and address those selected variables on the psychological functioning of this population.

¹⁰Helen Land, AIDS: A Complete Guide to Psychosocial Intervention (Milwaukee: Family Service America, Inc; 1992): 122.

¹¹Ibid.

CHAPTER TWO

LITERATURE REVIEW

Persons infected with HIV often seek support from social support groups for a number of reasons. Including isolation, family rejection, because of their health status and to help them deal with their increased anxieties and low self-esteem. Support groups for HIV infected males may be viewed as a safe, positive environment in which to share feelings and concerns regarding one's illness. With no peer support system in place to help begin to internalize the negative effects that being diagnosis with a terminal illness such as AIDS.

The terminally ill person may become more isolated, experience more anxiety and low self-esteem with his depiction of his life style. The following is a group of research literature pertaining to anxiety, self-esteem and social support groups. There is little, if any research studies which have specifically focused on African Americans and African American males in general, in a social support group and their levels of self esteem and anxieties.

Stigma, self-esteem and depression: psycho-social responses to risk for AIDS were examined by Lang. The researcher examined the relationship between an individual's self-esteem and other psychological variables after diagnosis for a terminal

illness. The researcher specific analysis was based on interviews with 64 gay males that included the administration of five scales from Walter Hudson's Clinical assessment package.¹ The results of the study showed that on the Index of Self Esteem (ISE), all of the respondents scored within a range from 19.0 to 29.3.² Since none of the mean scores were higher than 30, none of the major categories at the group level express any significant problem with self-esteem.³ On the Index of Sexual Satisfaction (ISS), none of the groups scored a mean score higher than 27.4, indicating that there were no problems in this area.⁴ The Index of Family Relations (IFR) revealed dysfunctionality for members of all five categories, and much higher score for the PWA's with a mean score of 46.2 indicating already prevalent problems exacerbated by the conversion to AIDS.⁵

On the Index of Peer Relations, none of groups scored a mean score higher than 21.3 indicating consist in many cases of a surrogate family made up of friends, some of whom may be

¹Norris Lang, "Stigma, Self-Esteem, and Depression: Psycho Social Responses to Risk of AIDS," Human Organization 50, no. 1 (1991): 66.

²Ibid, 68.

³Ibid.

⁴Ibid.

⁵Ibid.

former lovers.⁶ The Generalized Contentment Scale (GCS) revealed that dysfunction is a problem for ARC group and AIDS Group.⁷ The study demonstrates that at least for the present sample of self-generated respondents these are some of the psychological dimensions that are critical in assessing the psycho-social responses to the AIDS phenomenon.

The results of this study may suggest that once a gay male has been diagnosed as being HIV positive or with AIDS, his support from family appears to disappear and reemerge to support from peers.

Hong et al, investigated the way in which self-esteem is influenced by life-satisfaction, sex and age.⁸ The researchers studied 1726 subjects. The subjects were grouped into 3 age groups, 17-22, 23-29, and 30-40 years.⁹

Subjects self esteem was measured using Richardson and Benbow's (1990) self esteem scale of the following six items: (1) "I take a positive attitude toward myself," (2) "I feel I am a person of worth, on an equal place with others," (3) "I am able to do things as well as most other people," (4) "On the whole, I'm satisfied with myself," (5) "At times I think I'm no good at all," (6) "I feel I do not have much to be proud of. The scale has acceptable reliability with an alpha coefficient of .80.¹⁰

⁶Ibid.

⁷Ibid, 69.

⁸Sung-Mook Hong, Maria A. Bianca, Marisa R. Bianca and Joanne Bollington, "Self-Esteem: The Effects of Life Satisfaction, Sex and Age," Psychological Reports 72 (1993): 95.

⁹Ibid.

¹⁰Ibid, 96.

The Satisfaction with Life Scale is a measure of over-all evaluation of life-satisfaction and was designed by Diener; et al. (1985).

The scale contains five items: (1) "In most ways my life is close to my ideal," (2) "The conditions of my life are excellent," (3) "I am satisfied with my life," (4) "So far I have gotten the important things I want in life," (5) "If I could live my life over, I would change almost nothing." The two-month test-retest reliability of .82 and an alpha coefficient of .87 were reported for this scale.¹¹

The results showed that those with high-life-satisfaction have significantly higher self-esteem than those with low life satisfaction. This suggests that to have high self-esteem people must be satisfied with their lives.¹² Finally, a significant difference was found among the three age groups, namely, 17 to 22, 23 to 29, and 30 to 40 years. However, the two older age groups had significantly higher self-esteem than the younger while the older age groups did not differ from each other.¹³

Greenberg, et al. investigated the effects self esteem serves as an anxiety buffering function. The investigators conducted two studies to assess the proposition that self esteem serves as an anxiety buffering function.¹⁴ In the first

¹¹Ibid.

¹²Ibid, 98.

¹³Ibid, 99.

¹⁴Jeff Greenberg, Tom Pyszczynski, Sheldon Solomon, Elizabeth Pinel, Linda Simon and Krista Jordan, "Effects of Self-Esteem on Vulnerability-Denying Defensive Distortions: Further Evidence of an Anxiety Buffering Function of Self-

study, subjects were given either highly positive or neutral false personality feedback and then shown either a neutral video or a video containing graphic death related scenes.¹⁵ Individuals whose self-esteem had been raised by the positive personality feedback reported less anxiety in response to the death video than neutral self-esteem subjects, and no more anxiety than those who had seen the neutral video.¹⁶

In this study, self-esteem manipulation was used to affect scores on the Rosenberg self-esteem scale and to reduce self reported anxiety and physiological arousal in response to threats. The dependent measure was based on previous findings that people distort their behavior and perceptions so as to deny their vulnerability to an early death.¹⁷ The subjects were asked to report on their own levels of emotionality. Subjects were 46 males and 51 females who received course credit for their participation. All subjects had previously filled out a series of personality measures in a mass testing session at the beginning of the semester.¹⁸

The subjects filled out a set of questionnaires consisting of both traditional and innovative new personality

Esteem," Journal of Experimental Social Psychology 29 (1993):229-230.

¹⁵Ibid, 232.

¹⁶Ibid.

¹⁷Ibid.

¹⁸Ibid, 234.

assessments.¹⁹ The questionnaire package included the Behavioral Health Assessment, which was a series of items reflecting emotionality that could serve as a covariate for the dependent measures of emotionality. Whereas most of the items concerned health directly (e.g. "I exercise to keep myself physically fit'), six of the items were related to emotionality (e.g. "My mood can be radically changed because of the music I listen to"). Subject indicated how often each statement applied to them on a scale from 1 (never) to 5 (always).²⁰

The results of Study one, showed that in the absences of conditions that directly forced subjects to consider their ultimate morality a boost to self-esteem reduces the need to deny vulnerability to early death.²¹ In study two, Greenberg, et al provides an initial investigation of the anxiety buffering effects of chronic self-esteem.²² This study was an attempt to conceptually replicate the effects of experimentally enhanced self-esteem on vulnerability denying defensive distortions with a measure of chronic self esteem.²³ Twenty-three female and twenty-four male subjects were

¹⁹Ibid.

²⁰Ibid, 235.

²¹Ibid, 242.

²²Ibid.

²³Ibid.

selected from a large introductory psychology class on the basis of their scores on a brief patriotic attitudes survey administered three weeks prior to the collection of data. Only subjects who scored in the upper half of the distribution on this scale were selected for the study.²⁴

In groups ranging in size from two to six, subjects participated in a study that was supposedly concerned with the relationship between personality and emotionality, specifically, emotional reactions to music videos.²⁵ Subjects were told that they would complete a series of scales designed to assess their overall personality, view a short music video, and then fill out a final questionnaire.²⁶ Subjects were randomly assigned to instructional set conditions in which they were led to believe that high levels of emotionality were associated with either a long life or early death. Finally, subjects responded to a "Participants Feedback Form" designed to assess their impressions of the music video. Subjects were then thoroughly debriefed.²⁷

The results of the study provided further support that self-esteem serves an anxiety-buffering function. The findings also revealed that high levels of self-esteem reduce self-reported anxiety in response to vivid death related

²⁴Ibid, 242-243.

²⁵Ibid.

²⁶Ibid.

²⁷Ibid.

images and physiological arousal in response to the threat of physical pain, provide converging support for the proposition that self-esteem provides protection from anxiety.²⁸

Myers investigated death anxiety findings and support in families. The investigator studied gay men coming to grip with HIV disease. They were viewed as relying on help from friends and organizations created to provide support.²⁹ As their disease grows more serious and fear of death looms, they increasingly seek and find support beyond the gay community, from their own biological families.³⁰ The subjects were gay men in San Francisco, a questionnaire was given in the city regarding questions about death and their sources of support. The men sampled were mostly white, middle-class and well educated.³¹ Five-hundred sixty four surveys were mailed out in the city. Of the 564 respondents to the survey, 401 (17%) reported worrying about death; of these, 221 (55%) said they sought help in coping with their concern.³²

Ninety (90%) percent of the 221 men turned to friends and about Seventy percent (70%) to "primary partners".³³ In

²⁸Ibid, 249.

²⁹Charles Myers, "Death Anxiety: Findings Support in Families," American Journal of Nursing 92 no. 12 (December 1992):15.

³⁰Ibid.

³¹Ibid.

³²Ibid.

³³Ibid.

addition, for both HIV negative men and HIV positive men with symptoms, siblings and parents were also important sources (only about half of HIV-positive asymptomatic men sought out family).³⁴ Only two sources of support family and medical professionals were significantly associated with lessened death anxiety one year later in HIV-positive symptomatic men.³⁵

Kreiger investigated an approach to coping with anxiety about AIDS. He described a stepwise counseling approach for assisting persons with heightened anxiety about AIDS and ways to handle fears about the sexual transmission of AIDS³⁶. The counseling approach emphasizes five steps: (1) getting accurate information, (2) assessing one's fear of prior exposure, (3) learning to protect oneself and others, (4) gathering strong peer support, and (5) addressing related issues.³⁷ The researcher suggested that Persons with AIDS (PWA's) should get accurate information about the disease. To help them cope with AIDS-related anxiety about their knowledge base should include information about the signs and symptoms of AIDS and AIDS-related complex (ARC) and human immunodeficiency virus (HIV) and methods for reducing the risk

³⁴Ibid.

³⁵Ibid.

³⁶Irwin Krieger, "An Approach to Coping with Anxiety about AIDS," Social Work 33, no. 3 (May-June 1988): 263.

³⁷Ibid.

of transmission.³⁸

The researcher suggested that the best sources for reasonable, updated information on AIDS and reducing one's risk of infection are community-based organizations. In assessing one's risk factors, one must make a realistic assessment of one's own risk of prior exposure to HIV.³⁹ Initial reactions to the AIDS epidemic often are characterized by denial or hopelessness. These attitudes only serve to heighten anxiety about AIDS and may lead to increases in risky behavior. To the contrary, these attitudes and behaviors must be confronted as a step toward learning to cope with the anxiety.⁴⁰

In protecting oneself and others, the investigator suggests getting to know one's sexual partners before engaging in sex is important in that it allows for more comfortable discussion of safe sexual precautions beforehand. Partners can explore different sexual possibilities to find enjoyable and safe activities.⁴¹ The researcher suggest that gathering peer support is an important step in reducing anxiety about AIDS. Peers can discuss their anxieties in a manner that is mutually supportive, thus avoiding the pitfalls of denial and

³⁸Ibid.

³⁹Ibid.

⁴⁰Ibid.

⁴¹Ibid.

hopelessness.⁴²

In a group of gay men with heightened anxiety about AIDS, the research observed a rapid drop in anxiety after members shared their fears.⁴³ Guilt feelings are a major component of severe anxiety. Because the spread of AIDS has been attributed to sexual promiscuity and drug use primarily, it is easy for those at risk of infection to view AIDS as a punishment for these often condemned behaviors.⁴⁴ Krieger stepwise counseling approach provided a framework for addressing anxiety about AIDS affects anyone with a risk of exposure to HIV to some degree.⁴⁵

The researcher appeared to suggest that PWA's cope with their anxiety by getting accurate information about the epidemic, assessing one's risk by eliminating denial and hopelessness to begin to face ones anxiety. Gathering peer support and addressing their anxieties in a manner that is mutually supportive.

Hayslip, Luhr and Beyerlein investigated the levels of death anxiety in terminally ill men. The purpose of the study was to explore the viability of the distinction between overt

⁴²Ibid, 263-264.

⁴³Ibid, 264.

⁴⁴Ibid.

⁴⁵Ibid.

and convert fear as it relates to men diagnosed with AIDS.⁴⁶ The study utilized a sample of twenty five men. The control group consist of presumably healthy(non-terminal) men consisted of twelve adult men attending a major southwestern university. The mean age for the participants was 25.3 years with a standard deviation of 3.7⁴⁷ There were thirteen men diagnosed with AIDS who participated in the study. Their mean age was 35.2 years with a standard deviation of 7.6 years.⁴⁸

The questionnaire administered to the participants included a biographical information sheet, followed by five statements, each answered on a 5 point Likert scale.⁴⁹ The statements were designed to access orientations toward imminent death, sharing the experience of dying, life/death as a continuum, and life after death. Higher scores indicated more negative attitudes toward the stated issue.⁵⁰ The Templer's Death Anxiety Scale (DAS) tapped overt, conscious fear of death. The DAS is a paper and pencil scale consisting of fifteen true-false statements with death anxious answers coded as "1", while non-death anxious responses are coded as

⁴⁶Bert Hayslip, Debra D. Luhr, and Michael M. Beyerlein, "Levels of Death Anxiety in Terminally Ill Men: A Pilot Study," Omega 24, no. 1 (1991-1992):14.

⁴⁷Ibid.

⁴⁸Ibid, 14-15.

⁴⁹Ibid,15.

⁵⁰Ibid.

"0".⁵¹ DAS scores can range from 0 to 15. The test retest reliability coefficient of the scale at .83 which indicates its alpha coefficient index of internal consistency is .76.⁵²

The Incomplete Sentence Blank (ISB) consist of a ten-stem version of the sentence completion approach utilized by Hayslip to assess covert fear of death.⁵³ The results of the study appeared to indicate that one's life is redefined when terminal illness is diagnosed. When ISB scores by dimension were compared, only subscale four (loss of goals and achievements) was sensitive to group differences. The AIDS group tended to experience a greater covert fear of death.⁵⁴

When DAS total scores were analyzed, no group differences emerged; controlling for age failed to alter this finding.⁵⁵ While no group main effects were found for ISB total scores controlling for age did suggest, however, that the AIDS group was more covertly anxious about death in an overall sense.⁵⁶ Group differences were not statically significant, adjusted means for DAS total scores favored the AIDS group (M=6.98) over the comparison group (M=5.24).⁵⁷ The study seems to

⁵¹Ibid.

⁵²Ibid.

⁵³Ibid.

⁵⁴Ibid.

⁵⁵Ibid.

⁵⁶Ibid.

⁵⁷Ibid.

suggest that person's who are diagnosed with a terminal illness respond to their illness with extreme levels of fear and anxiety. These persons tend to contribute to their feelings of pain and isolation, which may worsen their health and contribute to an early demise.

In a similar study, Hintze, Templer and Cappelletty, investigated death depression and death anxiety in gay men as a function of medical psychosocial, and subjective state variables.⁵⁸ The participants were 94 HIV-positive gay men ranged in age from 18 to 59 years with a mean of 31.57 and a standard deviation of 7.03.⁵⁹ Their formal education was from 10 to 18 years with a mean of 13.67, and a standard deviation of 201.⁶⁰

Forty (42.6%) of the men were Caucasian; 29 (30.9%), Black; 14(14.9%), Hispanic; 6(6.4%), Oriental; 4(4.3%), other; and 1 was American Indian. Thirty-four (36.2%) of the men were HIV positive but asymptomatic; 36(38.5%) had ARC, and 24(25.5%) had AIDS.⁶¹

The participants were self-administered the 21-item Beck Depression Inventory, the State Trait Anxiety Inventory, the Konofsky Scale of medical debilitation the Death Depression Scale.⁶² The findings revealed the highest correlations of

⁵⁸Julie Hintze, Donald Templer and Gordon G. Cappelletty, "Death Depression and Death Anxiety in HIV-Infected Males," Death Studies 17 (1993):333.

⁵⁹Ibid, 334.

⁶⁰Ibid.

⁶¹Ibid, 333-334.

⁶²Ibid, 334.

the death attitude measures were in the subjective realm-state anxiety, and depression.⁶³ Medical status where the next highest correlations. Some of the participants condition appeared worst, as assessed by HIV severity and Kanofsky score, exhibited the most death anxiety and death depression. The men whose parents knew about their diagnosis had significantly higher death anxiety and death depression.⁶⁴

Although death attitude-subjective state correlations were lower. The fact that the two sets of correlations do not greatly differ suggest that the correlations for all 94 subject are not considerably influenced by subject incapacitation.⁶⁵ The Death Anxiety Scale correlations with state and trait anxiety were much higher than the death anxiety-general correlations that are ordinarily reported in the literature.⁶⁶

Of more specific relevance are previously reported correlations of death anxiety with the State-Trait Inventory, which usually displays much lower correlations with the DAS than the correlations in the present study. Clinically, this may indicate that HIV positive men experience a global state of anxiety in which death and more general distress are not easily separated.⁶⁷

The correlation of .91 between the Death Anxiety Scale and

⁶³Ibid, 336.

⁶⁴Ibid.

⁶⁵Ibid, 337.

⁶⁶Ibid, 338.

⁶⁷Ibid, 336-339.

The Death Depression Scale is at least as high as the previously reported reliabilities for the separate instruments.⁶⁸

This high correlation seems to indicate that in the present study the two death attitude instruments do not tap separate entities. Correlations of .67 and .50 have been reported in the previous literature.⁶⁹

For all 94 subjects, the family knowledge partial correlation was .27 with death anxiety. The original correlation was .57. The sex partner partial was .12. The original correlation was .18. Thus, it is apparent that the partial correlations controlling for seriousness of the disorder were lower than the original correlations.⁷⁰

Social support is essential to people living with HIV disease.⁷¹ Wasserman and Dansforth concluded that substitute systems must be formed if a person's natural support system is not able or willing to provide its members with love, care, and financial and/or emotional security.⁷²

After receiving a diagnosis of HIV infection a person may have his support system weakened by self-imposed isolation,

⁶⁸Ibid, 339.

⁶⁹Ibid.

⁷⁰Ibid, 339-340.

⁷¹Jeffrey Kelly and Janet St. Lawrence, The AIDS Health Crisis: Psychological and Social Interventions. (New York: Plenum Press, 1988):12.

⁷²Harry Wasserman and Holly Danforth, The Human Bond: Support Groups and Mutual Aid. (New York: Springer Publishing Company, 1988): 40.

depression, and societal stigmatization. People also can become debilitated socially, physically and mentally without support or signs that they are valued by others.⁷³

Perceptions of social support and psychological adaptation to sexually acquired HIV among White and African American men, was examined by Gant and Ostrow.⁷⁴ The researchers studied 33 participants and data revealed considerable differences within the sample. Data from White men revealed strong positive relationships between mental health measures and social support from friends and family, whereas data from African American men revealed negative relationships.⁷⁵ The negative relationships differences for African American men, are less likely to seek help for mental health and physical problems and they differ in the use of formal and informal social support systems. African American men who have sex with men have minimal interaction with existing social support networks within the gay white male community. Research suggest that this population faces isolation and alienation stemming from real or perceived racism in traditional gay community organizations and depends more heavily on support systems oriented outside the white gay community, particularly family

⁷³Ibid, 41.

⁷⁴Larry M. Gant and David G. Ostrow, "Perceptions of Social Support and Psychological Adaptation to Sexually Acquired HIV among White and African American Men," Social Work 40, no. 2 (March 1995): 215.

⁷⁵Ibid.

support systems. However, many times support for African American men is comprised; families may rally around when the physical illnesses of the person become manifest but criticize his sexual orientation and the route of transmission.⁷⁶ Lesserman, Perkins and Evans examined the coping with AIDS and the role of social support.⁷⁷ The researchers examined a study group of 52 asymptomatic HIV positive homosexual men and a group of 53 HIV negative homosexual men. Data on coping, social support, dysphoria, and self esteem came from self-report measures: depression was determined by interviews with the Hamilton Rating Scale for Depression.⁷⁸ The results revealed that subjects primarily coped with the threat of AIDS by adopting a fighting spirit, reframing stress to maximize personal growth, planning a course of action and seeking social support.⁷⁹ Results also revealed that satisfaction with one's social support networks and participation in the AIDS community were related to more healthy coping strategies. African American men infected with the HIV disease who have strong social support which encourages more adaptive coping strategies and less helplessness have higher self esteem and

⁷⁶Ibid, 216.

⁷⁷Jane Lesserman, Diana O. Perkins and Dwight L. Evans, "Coping With the Threat of AIDS: The Role of Social Support", American Journal of Psychiatry 149, no.11 (November 1992):1514.

⁷⁸Ibid.

⁷⁹Ibid, 1518.

lower levels of anxiety.

Theoretical Framework

The theoretical framework for this research is based on that of Albert Bandura. The Social learning theory says that human imitating the behavior of socially competent models. By watching other people, we learn new responses without first having had the opportunity to make the responses ourselves⁸⁰.

Social learning theory emphasizes the prominent roles played by vicarious, symbolic, and self-regulatory processes in psychological functioning.

Definition of Terms

The operational definitions of this study are as follows:

Self-Esteem: The value of self-worth that a person holds of themselves.

Anxiety: A state of apprehension and psychic tension; The fear of the unknown.

Support Groups: The gathering together of individuals who have common concerns who are willing to contribute personal experiences and engage in the development of a cohesive of support.

AIDS: (Acquired Immunodeficiency Syndrome) It is a viral disease caused by a virus that destroys the body's ability to fight off illness. Persons with AIDS develop a wide range of unusual and life threatening diseases.

⁸⁰James W. Vander Zanden, Human Development, (New York: McGraw, Inc 1993): 52-53.

HIV: (Human Immunodeficiency Virus) A virus that causes AIDS.

H_A: There is no significant difference in self-esteem and levels of anxiety in a HIV support Group among African American Males.

CHAPTER THREE

METHODOLOGY

RESEARCH DESIGN

In order to ascertain the Self-Esteem and Anxiety among an HIV support group for African American males, this study utilized a descriptive study.

THE SETTING

A local support group for HIV infected African American males. The group is a support network, supporting the ever presenting needs of HIV positive African American males. The group provides emotional and brotherly support to African American males that are living with the disease of HIV and AIDS. The group provides a safe and comfortable environment for men that are living with these diseases to come explore their feelings and to develop life maintenance plans with HIV disease. Through support members are able to lead healthy and active lives, knowing they are not alone and knowing they are supported and loved. The group meets weekly at a local community facility treating HIV positive persons. The facility helps to enhance the quality of life for people of color living with HIV/AIDS by providing comprehensive housing in a caring environment. It assist in educating the community about the disease and its effects, as well as maintaining an

extensive service resource library containing legal, medical, social and practical information to enrich the lives of the residents and the community.

THE SAMPLING

The study utilized a non-probability convenience sample. This sample consisted of individuals who were convenient to the researcher and willing to respond to the researcher's questionnaire. The sampling population was drawn from an HIV support group for African American males in Atlanta, Georgia. Variable used to select this population included HIV positive men ages eighteen (17) through Forty (38). A total of thirty (30) HIV infected African American men were initially interviewed met the criteria; and all agreed to participate in the study.

DATA COLLECTION PROCEDURE/INSTRUMENTATION

In order to ascertain the Self-Esteem and Anxiety levels among an HIV support group for African American males, a questionnaire package was developed. The instrument used in this study was a 33 item questionnaire, developed by this researcher. It included demographic data about the subjects e.g., age, sex, marital status, employment status, medical history, family, friends, and social support.

Three indices were used. One from Thyer's 1984 Clinical Anxiety Scale; one scale from Hudson's 1990 Clinical Assessment package; and from Turner's, et al. 1983 Provision of Social Relations. These indices selected as appropriate

psychometric scales to measure the levels of self-esteem, degree of severity of clinical anxiety and to measure social support among a group of African American males in a HIV support group. The first scale used was the Index of Self Esteem (ISE) which has a reliability score of .93.¹ ISE is a 25 item scale which measures how a individual sees himself.

The second scale used was the Clinical Anxiety Scale (CAS), which has a reliability of .94.² CAS is a 25 item scale designed to measure how much anxiety one is currently feelings. The third scale used was the Provision of Social Relations Scale (PSR), which has a reliability score of .87.³ All three indices have excellent validity.

The ISE and CAS scales has a cutting score of 30 (+5), with scores above 30 indicating the respondent has a clinically significant problem and scores below 30 indicating the individuals has no such problem. On the PSR scale higher scores reflect more social support.⁴ The indices were completed solely by each participant. Completion of the entire questionnaire took approximately 30 minutes. A copy of the questionnaire package can be found in the Appendix A.

¹Kevin Corcoran and E. Joel Fisher, Measures for Clinical Practice: A Sourcebook, (New York: Free Press, 1987): 123.

²Ibid, 188.

³Ibid, 265.

⁴Ibid.

DATA ANALYSIS

The data was coded and analyzed using the SPSSX batched system on the VAX computer system of the Clark Atlanta University Center. The descriptive statistics were used to analyze the data, this included frequency distribution, percentage and correlation coefficient.

CHAPTER FOUR

PRESENTATION OF RESULTS

H_A : There is no significant Difference in self-esteem and levels of anxiety in a HIV Support Group among African American males.

Table 1 displays the demographic characteristics of the respondents. The age range for the respondents was 17 years to 38 years, with a mean age of 27.0 years. The majority of the respondents had graduated from college (56.7 %, n=17); While only 40.0 percent (n=12) reported that they had finished high school and 3.3 percent (n=1) had completed graduate school. Most of the respondents had never been married (90.0%, n=37), 6.7 percent (n=2) were divorced and 3.3 percent (n=1) were married. The majority of respondents (80.0%, n=24) had no children and 20.0 percent had children (n=6). More than half of the respondents indicated that they were employed full time before their diagnosis (73.3%, n=22), 16.7 percent (n=5) indicated that they attend school, 6.7 percent (n=2) had been unable to work due to disability, and 3.3 percent (n=1) was employed part-time. Over a majority of the respondents (63.3%, n=19) were presently employed full-time, 23.3 percent (n=7) were unable to work due to disability, 10.0 percent (n=3) were attending school, while 3.3 percent (n=1) were currently

employed part-time.

The majority of respondents indicated that their job status had changed due to their HIV status 13.3 percent (n=4) were fired due absenteeism due to illness, while 10.0 percent (n=3) status changed to not being physically able to perform their job. Most of the respondents reported having Private/HMO insurance 60.0 percent (n=18), 20 percent (n=6) had medicaid, 13.3 percent (n=4) had medicare, and 6.7 percent (n=2) had no insurance.

TABLE 1

Demographic Characteristic of African American Males in an HIV Support Group (N=30)

Characteristics	N	%
Age (years)		
17-24	9	29.9
25-30	13	43.4
31-38	8	26.7
Median	27.0	
Education		
High School	12	40.0
College	17	56.7
Graduate College	1	3.3
Marital Status		
Never Married	27	90.0
Married	1	3.3
Divorced	2	6.7
Children		
Yes	6	20.0
No	24	80.0
Employment Status Before diagnoses		
Full-time	22	73.3
Part time	1	3.3
Attend school	5	16.7
Unable to work	2	6.7

Table#1 (continued)**Present Employment Status**

Full-time	19	13.3
Part-time	1	3.3
Attend school	3	10.0
Unable to work	7	23.3

Medical insurance

None	2	6.7
Private/HMO	18	60.0
Medicaid	6	20.0
Medicare	4	13.3

When responding to the question regarding military service, 70.0 percent (n=21) reported that they never served in the military and 30.0 percent (n=9) reported no military service. While 96.7 percent (n=29) reported having gone to war, and 3.3 percent (n=1) had not. When responding to the question regarding the type of financial assistance currently receiving, 73.3 percent (n=22) were receiving no financial assistance, 13.3 percent (n=4) reported receiving food stamps, 3.3 percent (n=2) were receiving social security, and 3.3 percent (n=2) were receiving disability. Table 2 displays the health characteristics of African American males in a HIV support group. When responding to the question of mode of transmission, 76.7 percent (n=23) reported male to male contact, 10.0 percent (n=3) reported female to male contact, 10.0 percent (n=3) reported Intravenous (IV) drug use contact, and 3.3 percent (n=1) reported not knowing their exact mode of transmission. Regarding the question of reason for HIV test, 53.3 percent (n=16) reported they were tested because of high risk behaviors, 6.7 percent (n=2) reported that they were

tested as part of a medical examination, 6.7 percent (n=2) reported that they were tested for martial purpose, 30 percent (n=9) were tested because of illness and 3.3 percent were tested for other reasons. The primary health facility for the majority of the respondents (53.3%, n=16) was Grady Hospital's Infectious Disease Clinic (IDC). The clinic is a part of the Fulton-Dekalb Counties run hospital that specializes in infectious diseases, particularly HIV. Over 20 percent of the respondents (n=6), received their health care at Southside Health Care Infectious Disease Clinic (IDC), which is a maintenance clinic specializing in treating men, women and children infected with the HIV virus. Twenty percent (n=6) of the respondents reported they used a private hospital, 3.3 percent (n=1) reported using other facilities, and 3.3 percent (n=1) reported having no health care provider. The last time that each respondents saw a physician concerning HIV was also an area of concern. Of these, the majority of the respondents (70.0%, n=21) reported that they had seen a physician within the last six months, 23.3 percent (n=7) reported they had seen a physician within the last week and 6.7 percent (n=2) reported they had seen a physician within the last 12 months.

When responding to the question of whether they were taking any type of medication for HIV treatment, 66.7 percent (n=20) reported yes and 33.3 percent reported no.

TABLE 2

**Health Characteristics of African American Males in an
HIV Support Group (N=30)**

MEASURE	N	%
Mode of transmission		
Male to male sexual contact	23	76.7
Female to male sexual contact	3	10.0
Intravenous (IV) drug use	3	10.0
Other	1	3.3
Reason for HIV test		
Martial purpose	2	6.7
Part of Medical Examination	2	6.7
High risk behavior	16	53.3
Illness	9	3.3
Other	1	3.3
Primary health care provider		
Grady Infectious Disease Clinic	16	53.3
Southside Infectious Disease Clinic	6	20.0
Private Hospital	6	20.0
Other	1	3.3
None	1	3.3
Last time saw physician for HIV		
Within last week	7	23.3
Within last 6-months	21	70.0
Within last 12-months	2	6.7
Taking any medication for HIV		
Yes	20	66.7
No	10	33.3

When responding to the question of general health, 60.0 percent (n=18) reported their health as good, 16.7 percent (n=5) reported their health as fair. Ten percent (n=3) reported their health as very good, 6.7 percent (n=2) reported their health as poor and 3.3 percent (n=1) reported their health as excellent.

When responding to the question regarding their current diagnosis, 70.0 percent (n=21) reported that they were HIV positive and 30.0 percent (n=9) reported having AIDS.

Table 3 displays the characteristics pertaining to the respondents relationship with family, friends and other support networks. When the question of do you communicate with any members of your family 73.3 percent (n=22) reported yes and 26.7 percent (n=8) reported no. Regarding the question of how many family members do you communicate with, 26.7 percent (n=8) reported communicating with no family members, 23.3 percent (n=7) reported 2 to 3 family members, 20.0 percent (n=6) reported 4 to 5 family members, 20.0 percent (n=6) reported 6-7 family members, 6.7 percent (n=2) reported 10 or more family members and 3.3 percent (n=1) reported 1 family member.

When responding to the question whether family members were aware of their HIV status, 43.3 percent (n=13) reported yes, and 56.7 percent (n=17) reported no. Regarding the question of how many friends they had, 30.0 percent (n=9) reported 6 to 8 friends, 23.3 percent (n=7) reported 4 to 5 friends, 20.0 percent (n=6) reported 2 to 3 friends, 7.1 percent (n=4) reported 10 to 12 friends, 6.7 percent (n=2) reported having only 1 friend and 6.7 percent (n=2) reported having no friends.

In the area of confidants, 43.3 percent (n=13) of the respondents reported they had 2 to 3, 33.3 percent (n=10) reported they had 4 to 5, 10.0 percent (n=3) reported 1, 6.7 percent (n=2) reported 6 to 7, and 6.7 percent (n=2) reported no confidants. Over seventy-three percent (n=22) reported

they attended religious services before their diagnosis, and 26.7 percent (n=8) reported not attending. The majority of the respondents (76.7%, n=23) reported they were currently attending religious services, while 23.3 percent (n=7) reported not attending religious services. Friends was the major source of emotional support for over sixty-six percent of the respondents (n=20), 20.0 percent (n=6) reported their family as primary source of emotional support, 13.3 percent (n=4) reported support groups as primary source of emotional support.

Table 3

RELATIONSHIP WITH FAMILY, FRIENDS AND OTHER SOCIAL SUPPORT NETWORKS OF AFRICAN AMERICAN MALES IN AN HIV SUPPORT GROUP (N=30)

MEASURE	N	%
Communicate with family		
Yes	22	73.3
No	8	26.7
Number of family members communicating with currently		
None	8	26.7
1	1	3.3
2-3	7	23.3
4-5	6	20.0
6-7	6	20.0
10	2	6.7
Family members aware HIV status		
Yes	13	43.3
No	17	56.7

Table #3 (continued)

Number of friends		
None	2	6.7
1	2	6.7
2-3	6	20.0
4-5	7	23.3
6-8	9	30.0
10-12	4	13.43
Number of confidants		
None	2	6.7
1	3	10.0
2-3	13	43.3
4-5	10	33.3
6-7	2	6.7
Attended religious service before diagnosis		
Yes	22	73.3
No	8	26.7
Currently attending religious service		
Yes	23	76.7
No	7	23.3
Primary source of emotional support		
Family	6	20.0
Friends	20	66.7
Support groups	4	13.3

When responding to the question, do you have any family members in Georgia, 73.3 percent (n=22) reported yes, and 26.7 percent (n=8) reported no. Similarly, 63.3 percent (n=19) of the respondents reported having relatives in Atlanta and 36.7 percent (n=11) reported no relatives in Atlanta. Over forty-three percent (n=13) reported that their family members reacted with indifference to their diagnosis, 16.7 percent (n=5) reported their family reacted with shock, 16.7 percent (n=5) reported their family reacted with sadness, 13.3 percent

(n=4) reported their family reacted with anger, and 10.0 percent (n=3) reported their family reacted with guilt. The majority of the respondents (86.7%, n=26) reported that they received no financial support from their family and 13.4 percent (n=4) reported that they received financial support from family. When responding to the question has your outlook on life changed since being diagnosed, 83.3 percent (n=25) reported that their outlook had changed and 16.7 percent (n=5) reported that their outlook had not changed. Over thirty-six percent (n=11) reported that the most important goal in life they wished to accomplish was to enhance their spirituality, 26.7 percent (n=8) reported that they wanted to improve their relationship with their family, 20.0 percent (n=6) reported that they wanted to raise a family, 10.0 percent (n=3) reported that they wanted to get married and 6.7 percent (n=2) reported that they wanted to further their education.

As mentioned previously, three standardized scales were used to ascertain the self esteem and anxiety levels among an HIV support group for African American males. The first scale used was The Index of Self Esteem Scale (ISE), which contain 25 items. The scale is designed to measure how a person sees themselves. The Index of Self Esteem is a Likert Scale, which the respondents are asked to rate statements on a scale from 1 to 7. The ratings are as follows:

- 1= None of the time
- 2= Very rarely
- 3= A little of the time
- 4= Some of the time

5= A good part of the time
 6= Most of the time
 7= All of the time

Table #4 I feel people would like me (N=30)

Responses	Frequency	Percentage
None of the time	8	26.7
Very rarely	8	26.7
A little of the time	4	13.3
Some of the time	3	10
A good part of the time	4	13.3
Most of the time	2	6.7
All of the time	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 26.7 percent (n=8) responded none of the time, 26.7 percent (n=8) responded rarely, 13.3 percent (n=4) responded a little of the time, 10 percent (n=3) responded some of the time, 13.3 percent (n=4) responded a good part of the time, 6.7 percent (n=2) responded most of the time and 3.3 percent (n=1) responded all of the time.

Table #5 I feel others get along better than I. (N=30)

Responses	Frequency	Percentage
None of the time	9	30
Very rarely	11	36.7
A little of the time	4	13.3

Table #5 (continued)

A good part of the time	1	3.3
Most of the time	3	10
All of the time	0	0
Total	30	100

The above table shows that of the 30 participants in this study, 30 percent (n=9) responded none of the time, 36.7 percent (n=11) responded rarely, 13.3 percent (n=4) responded a little of the time, 6.7 percent (n=2) responded some of the time, 3.3 percent (n=1) responded a good part of the time and 6.7 percent (n=2) responded most of the time.

Table #6 I am beautiful person. (N=30)

Responses	Frequency	Percentage
None of the time	1	3.3
Very rarely	5	16.7
A little of the time	1	3.3
Some of the time	2	6.7
A good part of the time	2	6.7
Most of the time	8	26.7
All of the time	11	36.6
Total	30	100

The above table shows that of the 30 participants in this study, 3.3 percent (n=1) responded none of the time, 16.7 percent (n=5) responded rarely, 3.3 percent (n=1) responded a

little of the time, 6.7 percent (n=2) responded some of the time, 6.7 percent (n=2) responded a good part of the time, 26.7 percent (n=8) responded most of the time and 39.6 percent (n=11) responded all of the time.

Table #7 When with other I feel they are glad. (N=30)

Responses	Frequency	Percentage
None of the time	0	0
Very rarely	2	6.7
A little of the time	0	0
Some of the time	4	13.3
A good part of the time	5	16.7
Most of the time	10	33.3
All of the time	9	30
Total	30	100

The above table shows that of the 30 participants in this study, 6.7 percent (n=2) responded rarely, 13.3 percent (n=4) responded some of the time, 16.7 percent (n=5) responded a good part of the time, 33.3 percent (n=10) responded most of the time, 30 percent (n=9) responded all of the time.

Table #8 People like to talk to me (N=30)

Responses	Frequency	Percentage
None of the time	1	3.3
Very rarely	1	3.3

Table 8 (continued)

A little of the the time	3	10
Some of the time	8	26.7
A good part of the time	1	3.3
Most of the time	9	30
All of the time	7	23.3
Total	30	100

The above table shows that of the 30 participants in this study, 3.3 percent (n=1) responded none of the time, 3.3 percent (n=1) responded very rarely, 10 percent (n=3) responded a little of the time, 26.7 percent (n=8) responded some of the time, 3.3 percent (n=1) responded a good part of the time, 30 percent (n=9) responded most of the time and 23.3 percent (n=7) responded all of the time.

Table #9 I feel I am a competent person. (N=30)

Responses	Frequency	Percentage
None of the time	2	6.7
Very rarely	0	0
A little of the time	2	6.7
Some of the time	8	26.7
A good part of the time	4	13.3
Most of the time	6	20
All of the time	10	33.3
Total	30	100

The above table shows that of the 30 participants in this study, 6.7 percent (n=2) responded a little of the time, 26.7 percent (n=8) responded some of the time, 13.3 percent (n=4) responded a good part of the time, 20 percent (n=6) reported most of the time and 33.3 percent (n=10) responded all of the time.

Table #10 I make a good impression on others. (N=30)

Responses	Frequency	Percentage
None of the time	2	6.7
Very rarely	0	0
A little of the time	5	16.7
Some of the time	2	6.7
Good part of time	8	26.7
Most of the time	8	26.7
All of the time	5	16.6
Total	30	100

The above table shows that of the 30 participants in this study, 6.7 percent (n=2) responded none of the time, 16.7 percent (n=5) responded a little of the time, 6.7 percent (n=2) responded some of the time, 26.7 percent (n=8) responded a good part of the time, 26.7 percent (n= 8) responded most of the time and 16.6 percent (n=5) responded all of the time.

Table #11 I feel that I need more self-confidence. (N=30)

Responses	Frequency	Percentage
None of the time	5	16.7
Very rarely	8	26.7
A little of the time	4	13.3
Some of the time	3	10
A good part of the time	2	6.7
Most of the time	5	16.7
All of the time	3	10
Total	30	100

The above table shows that of the 30 participants in this study, 16.7, percent (n=5) responded none of the time, 26.7 percent (n=8) responded rarely, 13.3 percent (n=4) responded

a little of the time, 10 percent (n=3) reported some of the time, 6.7 percent (n=2) responded a good part of the time, 16.7 percent (n=5) responded most of the time and 10 percent (n=3) responded all of the time.

Table #12 When with strangers I am very nervous. (N=30)

Responses	Frequency	Percentage
None of the time	9	30
Very rarely	8	26.7
A little of the time	4	13.3
Some of the time	2	6.7
A good part of the time	2	6.7
Most of the time	5	16.7
All of the time	0	0
Total	30	100

The above table shows that 30 participants in this study, 30 percent (n=9) responded none of the time, 26.7 percent (n=8) responded rarely, 13.3 percent (n=4) responded a little of the time, 6.7 percent (n=2) responded a good part of the time and

10 percent (n=5) responded most of the time.

Table #13 I think I am a dull person. (N=30)

Responses	Frequency	Percentage
None of the time	11	36.7
Very rarely	13	43.3
A little of the time	2	6.7
Some of the time	2	6.7
A good part of the time	2	6.7
Most of the time	0	0
All of the time	0	0
Total	30	100

The above table shows that of the 30 participants in this study, 36.7 percent (n=11) reported none of the time, 43.3 percent (n=13) reported rarely, 6.7 percent (n=2) reported a little of the time, 6.7 percent (n=2) reported some of the time and 6.7 percent (n=2) reported a good part of the time.

Table #14 I feel ugly. (N=30)

None of the time	11	36.7
Very rarely	13	43.3
None of the time	2	6.7
A little of the time	2	6.7
Some of the time	2	6.7
A good part of the time	2	6.7
Most of the time	0	0

Table 14 (continued)

All of the time	0	0
Total	30	100

The above table shows that of the 30 participants in this study, 50 percent (n=15) responded none of the time, 36.7 percent (n=11) responded rarely and 13.3 percent (n=4) some of the time.

Table #15 I feel others have more fun than I do. (N=30)

Responses	Frequency	Percentage
None of the time	13	43.3
Very rarely	0	0
A little of the time	0	0
Some of the time	3	10
A good part of the time	1	3.3
Most of the time	0	0
All of the time	2	6.7
Total	30	100

The above table shows that of the 30 participants in this study, 43.3 percent (n=13) responded none of the time, 36.7 percent (n=11) responded rarely, 10 percent (n=3) responded some of the time, 3.3 percent (n=1) responded a good part of the time and 6.7 percent (n=2) responded all of the time.

Table #16 I feel I bore people. (N=30)

Responses	Frequency	Percentage
None of the time	14	46.7
Very rarely	9	30
A little of the time	3	10
Some of the time	1	3.3
A good part of the time	3	10
Most of the time	0	0
All of the time	0	0
Total	30	100

The above table shows that of the 30 participants in this study, 46.7 percent (n=14) responded, none of the time, 30 percent (n=9) responded rarely, 10 percent (n=3) responded a little of the time, 3.3 percent (n=1) responded some of the time and 10 percent (n=3) responded a good part of the time.

Table #17 I think my friends find me interesting. (N=30)

Responses	Frequency	Percentage
None of the time	2	6.7
Very rarely	4	13.3
A little of the time	3	10
Some of the time	3	10
A good part of the time	6	20
Most of the time	3	10
All of the time	9	30
Total	30	100

The above table shows that of the 30 participants in this study, 6.7 percent (n=2) responded none of the time, 13.3 percent (n=4) responded rarely, 10 percent (n=3) responded a little of the time, 10 percent (n=3) responded some of the time, 20 percent (n=6) responded a good part of the time, 10 percent (n=3) responded most of the time and 30 percent (n=9) responded all of the time.

Table #18 I think I have a good sense of humor. (N=30)

Responses	Frequency	Percentage
None of the time	0	0
Very rarely	1	3.3
A little of the time	2	6.7
Some of the time	7	23.3
A good part of the time	7	23.3
Most of the time	5	16.7
All of the time	8	26.7
Total	30	100

The above table shows that of the 30 participants in this study, 3.3 percent (n=1) responded rarely, 6.7 percent (n=2) responded a little of the time, 23.3 percent (n=7) responded some of the time, 23.3 percent (n=7) responded a good part of the time, 16.7 percent (n=5) responded most of the time and 26.7 percent (n=8) responded all of the time.

Table #19 I feel very self-conscious. (N=30)

Responses	Frequency	Percentage
None of the time	8	26.7
Very rarely	8	26.7
A little of the time	5	16.7
Some of the time	4	13.3
A good part of the time	1	3.3
Most of the time	4	13.3
All of the time	0	0
Total	30	100

The above table shows that of the 30 participants in this study, 26.7 percent (n=8) responded none of the time, 26.7 percent (n=8) responded rarely, 16.7 percent (n=5) responded a little of the time, 13.3 percent (n=4) responded some of the time, 3.3 percent (n=1) responded a good part of the time and 13.3 percent (n=4) responded most of the time.

Table #20 I feel I could be more like people. (N=30)

Responses	Frequency	Percentage
None of the time	14	46.7
Very rarely	9	30
A little of the time	2	6.7
Some of the time	5	16.7
A good part of the time	0	0
Most of the time	0	0

Table 20 (continued)

All of the time	0	0
Total	30	100

The above table shows that of the 30 participants in this study, 46.7 percent (n=14) responded none of the time, 30 percent (n=9) responded rarely, 6.7 percent (n=2) responded a little of the time and 16.7 percent (n=5) responded some of the time.

Table #21 People have a good time when with me. (N=30)

Responses	Frequency	Percentage
None of the time	1	3.3
Very rarely	2	6.7
A little of the time	0	0
Some of the time	3	10
A good part of the time	7	23.3
Most of the time	8	26.7
All of the time	9	30
Total	30	100

The above table shows that of the 30 participants in this study,, 3.3 percent (n=1) responded none of the time, 6.7 percent (n=2) responded rarely, 10 percent (n=3) responded some of the time, 23.3 percent (n=7) responded a good part of the time, 26.7 percent (n=8) responded most of the time and 30 percent (n=9) responded all of the time.

Table #22 I feel like a wallflower. (N=30)

Responses	Frequency	Percentage
None of the time	10	33.3
Very rarely	9	30
A little of the time	1	3.3
Some of the time	2	6.7
A good part of the time	11	3.3
Most of the time	4	13.3
All of the time	3	10
Total	30	100

The above table shows that of the 30 participants in this study, 33.3 percent (n=10) responded none of the time, 30 percent (n=9) responded rarely, 3.3 percent (n=1) responded a little of the time, 6.7 percent (n=2) responded some of the time, 3.3 percent (n=1) responded a good part of the time, 13.3 percent (n=4) responded most of the time, and 10 percent (n=3) responded all of the time.

Table #23 I feel I get pushed around. (N=30)

Responses	Frequency	Percentage
None of the time	11	36.7
Very rarely	12	40

Table 23 (continued)

A little of the time	1	3.3
Some of the time	1	3.3
A good part of the time	0	0
Most of the time	3	10
All of the time	2	6.7
Total	30	100

The above table shows that of the 30 participants in this study, 36.7 percent (n=11) reported none of the time, 40 percent (n=12) rarely, 3.3 percent (n=1) responded a little of the time, 3.3 percent (n=1) responded some of the time, 10 percent (n=3) responded most of the time and 6.7 percent (n=2) responded all of the time.

Table #24 I think I am a rather nice person. (N=30)

Responses	Frequency	Percentage
None of the time	2	6.7
Very rarely	1	3.3
A little of the time	2	6.7
Some of the time	2	6.7
A good part of the time	1	3.3

Table 24 (continued)

Most of the time	7	23.3
All of the time	15	50
Total	30	100

The above table shows that of the 30 participants in this study, 6.7 percent (n=2) responded none of the time, 3.3 percent (n=1) responded rarely, 6.7 percent (n=2) responded a little of the time, 6.7 percent (n=2) responded some of the time, 3.3 percent (n=1) responded a good part of the time, 23.3 percent (n=7) responded most of the time and 50 percent (n=15) responded all of the time.

Table #25 People like really like me very much. (N=30)

Responses	Frequency	Percentage
None of the time	0	0
Very rarely	0	0
A little of the time	1	3.3
Some of the time	5	16.7
A good part of the time	3	10
Most of the time	8	26.7
All of the time	13	43.3

Table 25 (continued)

Total	30	100
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The above table shows that of the 30 participants in this study, 3.3 percent (n=1) responded a little of the time, 16.7 percent (n=5) responded some of the time, 10 percent (n=3) responded a good part of the time, 26.7 percent (n=8) responded most of the time and 43.3 percent (n=13) responded all of the time.

Table #26 I feel I am A likeable Person. (N=30)

Responses	Frequency	Percentage
None of the time	1	3.3
Very rarely	1	3.3
A little of the time	3	10
Some of the time	2	6.7
A good part of the time	1	3.3
Most of the time	14	46.7
All of the time	8	26.7
Total	30	100

The above table shows that of the 30 participants in this study, 3.3 percent (n=1) responded none of the time, 3.3 percent (n=1) responded very rarely, 10 percent (n=3) responded a little of the time, 6.7 percent (n=2) responded some of the time, 3.3 percent (n=1) responded a good part of the time, 46.7 percent (n=14) responded most of the time and 26.7 percent (n=8) responded all of the time.

Table #27 I am afraid I appear foolish to others. (N=30)

Responses	Frequency	Percentage
None of the time	15	50
Very rarely	6	20
A little of the time	15	50
Some of the time	2	6.7
A good part of the time	1	3.3
Most of the time	2	6.7
All of the time	2	6.7
Total	30	100

The above table shows that of the 30 participants in this study, 50 percent (n=15) responded none of the time, 20 percent (6) responded rarely, 6.7 percent (n=2) responded a little of the time, 6.7 percent (n=2) responded some of the time, 3.3 percent (n=1) responded a good part of the time, 6.7 percent (n=2) responded most of the time and 6.7 percent (n=2) responded all of the time.

Table #28 My friends think highly of me. (N=30)

Responses	Frequency	Percentages
None of the time	4	13.3
Very rarely	1	3.3
A little of the time	2	6.7
Some of the time	1	3.3
A good part of the time	3	10
Most of the time	14	46.7

Table 28 (continued)

All of the time	5	16.7
Total	30	100

The above table shows that of the 30 participants in this study, 13.3 percent (n=4) none of the time, 3.3 percent (n=1) responded rarely, 6.7 percent (n=2) responded a little of the time, 3.3 percent (n=1) responded some of the time, 10 percent (n=3) responded a good part of the time, 46.7 percent (n=14) responded most of the time and 16.7 percent (n=5) responded all of the time. The second scale used was the Clinical Anxiety Scale (CAS), this scale measures how much anxiety a person is currently feeling. Respondents are asked to rate each statement on a scale of 1 to 5. The CAS responses are as follows:

1=Rarely or none of the time
 2=A little of the time
 3=Some of the time
 4=A good part of the time
 5=Most or all of the time

Table #29 I feel calm. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	1	3.3
A little of the time	1	3.3
Some of the time	1	3.3
A good part of the time	5	16.7

Table 29 (continued)

Most or all of the time	22	73.3
Total	30	100

The above table shows that of the 30 participants in this study, 3.3 percent (n=1) responded rarely, 3.3 percent (n=1) responded a little of the time, 3.3 percent (n=1) responded some of the time, 16.7 percent (n=5) responded a good part of the time and 73.3 percent (n=22) responded most of the time.

Table #30 I feel tense. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	13	43.3
A little of the time	7	23.3
Some of the time	1	3.3
A good part of the time	3	10
Most of the time	6	20
Total	30	100

The above table shows that of the 30 participants in this study, 43.3 percent (n=13) responded rarely, 23.3 percent (n=7) responded a little of the time, 3.3 percent (n=1) responded some of the time, 10 percent (n=3) responded a good part of the time and 20 percent (n=6) responded most of the time.

Table #31 I feel suddenly scared for no resason. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	19	63.3
A little of the time	11	36.7
Some of the time	0	0
Most of the time	0	0
Total	30	100

The above table shows that of the 30 participants in this study, 63.3 percent (n=19) responded rarely and 36.7 percent (n=11) responded a little of the time.

Table #32 I feel nervous. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	18	60
A little of the time	7	23.3
Some of the time	3	10.0
A good part of the time	0	0
Most of the time	2	6.7
Total	30	100

The above table shows that of the 30 participants in this study, 60 percent (n=18) responded rarely, 23.3 percent (n=7) responded a little of the time, 10.0 percent (n=3) responded some of the time, and 6.7 percent (n=2) responded most of the time.

Table #33 I use tranquilizers or antidepressants to cope with my anxiety. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	20	66.7
A little of the time	4	13.3
Some of the time	1	3.3
A good part of the time	2	6.7
Most of the time	3	10
Total	30	100

The above table shows that of the 30 participants in this study, 66.7 percent (n=20) responded rarely, 13.3 percent (n=4) responded a little of the time, 3.3 percent (n=1) responded some of the time, 6.7 percent (n=2) responded a good part of the time and 10 percent (n=3) responded most of the time.

Table #34 I feel confident about the future. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	1	3.3
A little of the time	0	0
Some of the time	8	26.7
A good part of the time	11	36.7
Most of the time	10	33.3
Total	30	100

The above table shows that of the 30 participants in this study, 3.3 percent (n=1) responded rarely, 26.7 percent (n=8) responded some of the time, 36.7 percent (n=11) responded a good part of the time and 33.3 percent (n=10) responded most of the time.

Table #35 I feel free from senseless or unpleasant thoughts. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	8	26.7
A little of the time	10	33.3
Some of the time	2	6.7
A good part of the time	4	13.3
Most of the time	6	20
Total	30	100

The above table shows that of the 30 participants in this study, 26.7 percent (n=8) responded rarely, 33.3 percent (n=10) responded a little of the time, 6.7 percent (n=2) responded some of the time, 13.3 percent (n=4) responded a good part of the time and 20 percent (n=6) responded most of the time.

Table #36 I feel afraid to go out of my house. (N=30)

Responses	Frequency	Percentages
Rarely or none of the time	23	76.7

Table 36 (continued)

A little of the time	3	10
Some of the time	2	6.7
A good part of the time	2	6.7
Most of the time	0	0
Total	30	100

The above table shows that of the 30 participants in this study, 76.7 percent (n=23) responded rarely, 10 percent (n=3) responded a little of the time, 6.7 percent (n=2) responded some of the time and 6.7 percent (n=2) responded a good part of the time.

Table # 37 I feel relaxed and in control of myself. (N=30)

Responses	Frequencies	Percentages
Rarely on none of the time	2	6.7
A little of the time	0	0
Some of the time	4	13.3
A good part of the time	9	30
Most of the time	14	46.7
Missing Cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 6.7 percent (n=2) responded rarely, 13.3 percent (n=4) responded some of the time, 30 percent (n=9) responded a good part of the time, 46.7 percent (n=14) responded most of the

time and there was one missing case.

Table #38 I have spells of terror or panic. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	21	70
A little of the time	3	10
Some of the time	4	13.3
A good part of the time	1	3.3
Most of the time	0	0
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 respondents in this study, 70 percent (n=21) responded rarely, 10 percent (n=3) responded a little of the time, 13.3 percent (n=4) responded some of the time, 3.3 percent (n=1) responded a good part of the time and 3.3 percent (n=1) cases were missing.

Table #39 I feel afraid in open spaces. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	21	70
A little of the time	6	20
Some of the time	1	3.3
A good part of the time	0	0
Most of the time	0	0

Table 39 (continued)

Missing cases	2	6.7
Total	30	100

The above table shows that of the 30 participants in this study, 70 percent (n=21) responded rarely, 20 percent (n=6) responded a little of the time, 3.3 percent (n=1) responded some of the time and 6.7 percent (n=2) of the cases were missing.

Table #40 I feel afraid I will faint in public. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	20	66.7
A little of the time	7	23.3
Some of the time	2	6.7
A good part of the time	0	0
Most of the time	0	0
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 66.7 percent (n=20) responded rarely, 23.3 percent (n=7) responded a little of the time, 6.7 percent (n=2) responded some of the time and 3.3 percent (n=1) cases were missing.

Table #41 I am comfortable traveling on buses, subways or trains. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	1	3.3
A little of the time	0	0
Some of the time	1	3.3
A good part of the time	9	30
Most of the time	18	60
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 3.3 percent (n=1) responded rarely, 3.3 percent (n=1) responded some of the time, 30 percent (n=9) responded a good part of the time, 60 percent (n=18) responded most of the time and 3.3 percent (n=1) of the cases were missing.

Table #42 I feel nervousness or shakiness inside. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	19	63.3
A little of the time	7	23.3
Some of the time	1	3.3
A good part of the time	1	3.3
Most of the time	1	3.3
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 63.3 percent (n=19) responded rarely, 23.3 percent (n=7) responded a little of the time, 3.3 percent (n=1) responded some of the time, 3.3 percent (n=1) responded a good part of the time and 3.3 percent (n=1) of the cases were missing.

Table #43 I feel comfortable in crowds, such as shopping or at a movie. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	5	16.7
A little of the time	6	20
Some of the time	2	6.7
A good part of the time	5	6.7
Most of the time	11	36.7
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 16.7 percent (n=5) responded rarely, 20 percent (n=6) responded a little of the time, 6.7 percent (n=2) responded some of the time, 6.7 percent (n=5) responded a good part of the time, 36.7 percent (n=11) responded most of the time and 3.3 percent (n=1) of the cases were missing.

Table #44 I feel comfortable when I am left alone.

Responses	Frequency	Percentage
Rarely or none of the time	3	10
A little of the time	4	13.3
Some of the time	2	6.7
A good part of the time	8	26.7
Most of the time	12	40
Missing cases	1	3.3
Missing cases	1	3.3

The above table show that, 10 percent (n=3) responded rarely, 13.3 percent (n=4) responded a little of the time, 6.7 percent (n=2) responded some of the time 26.7 percent (n=8) responded a good part of the time, 40 percent (n=12) responded a good part of the time, 40 percent (n=12) responded most of the time and 3.3 percent (n=1) of the cases were missing.

Table #45 I feel afraid without good reason. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	14	46.7
A little of the time	13	43.3
Some of the time	2	6.7
A good part of the time	0	0
Most of the time	0	0
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 43.3 percent (n=13) responded a little of the time, 6.7 percent (n=2) responded some of the time and 3.3 percent (n=1) cases were missing.

Table #46 Due to my fears, I unreasonably avoid certain animals or situations. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	17	56.7
A little of the time	9	30
Some of the time	1	3.3
A good part of the time	2	6.7
Most of the time	0	0
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 56.7 percent (n=17) responded rarely, 30 percent (n=9) responded a little of the time, 3.3 percent (n=1) responded some of the time, 6.7 percent (n=2) responded a good part of the time and 3.3 percent (n=1) of the cases were missing.

Table #47 I get upset easily or feel panicky unexpectedly. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	18	60
A little of the time	5	16.7
Some of the time	5	16.7

Table 47 (continued)

A good part of the time	1	3.3
Most of the time	0	0
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 60 percent (n=18) rarely, 16.7 percent (n=5) responded a little of the time, 16.7 percent (n=5) responded some of the time, 3.3 percent (n=1) responded a good part of the time and 3.3 percent (n=1) of the cases were missing.

Table #48 My hands, arms, or legs shake or tremble. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	20	66.7
A little of the time	5	16.7
Some of the time	4	13.3
A good part of the time	0	0
Most of the time	0	0
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 66.7 percent (n=20) responded rarely, 16.7 percent (n=5) responded a little of the time, 13.3 percent (n=4) responded some of the time and 3.3 percent (n=1) of the cases were missing.

Table #49 Due to my fears, I avoid social situations, whenever possible. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	13	43.3
A little of the time	11	36.7
Some of the time	4	13.3
A good part of the time	1	3.3
Most of the time	0	0
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 43.3 percent (n=13) responded rarely, 36.7 percent (n=11) responded a little of the time, 13.3 percent (n=4) responded some of the time, 3.3 percent (n=1) responded a good part of the time and 3.3 percent (n=1) of the cases were missing.

Table #50 I experience sudden attacks of panic which catch me by surprise. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	16	53.3
A little of the time	7	23.3
Some of the time	2	6.7
A good part of the time	1	3.3
Most of the time	2	6.7
Missing cases	2	6.7

Table 50 (continued)

Total	30	100
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Table shows that of the 30 participants in this study, 53.3 percent (n=16) rarely, 23.3 percent (n=7) a little of the time, 6.7 percent (n=2) responded some of the time, 3.3 percent (n=1) responded a good part of the time, 6.7 percent (n=2) responded most of the time and 6.7 percent (n=2) of the cases were missing.

Table #51 I feel generally anxious. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	16	53.3
A little of the time	10	33.3
Some of the time	0	0
A good part of the time	3	10
Most of the time	0	0
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 53.3 percent (n=16) responded rarely, 33.3 percent (n=10) a little of the time, 10 percent (n=3) responded a good part of the time and 3.3 percent (n=1) of the cases were missing.

Table #52 I am bothered by dizzy spells. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	19	63.3
A little of the time	7	23.3
Some of the time	2	6.7
A good part of the time	1	3.3
Most of the time	0	0
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 63.3 percent (n=19) responded rarely, 23.3 percent (n=7) responded a little of the time, 6.7 percent (n=2) responded some of the time, 3.3 percent (n=1) responded a good part of the time and 3.3 percent (n=1) of the cases were missing.

Table #53 Due to my fears, I avoid being alone. (N=30)

Responses	Frequency	Percentage
Rarely or none of the time	22	73.3
A little of the time	1	3.3
Some of the time	3	10
A good part of the time	2	6.7
Most of the time	1	3.3
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 70 percent (n=22) responded rarely, 3.3 percent (n=1) responded a little of the time, 10 percent (n=3) responded some of the time, 6.7 percent (n=2) responded a good part of the time, 3.3 percent (n=2) responded most of the time and 3.3 percent (n=1) of the cases were missing.

The third scale used was the Provision of Social Support (PSR), this scale measures the respondents relationships with other people. Respondents are asked to rate each statement on a scale from 1 to 5. The scale response are as follows:

- 1=Very much like me
- 2=Much like me
- 3=Somewhat like me
- 4=Not very much like me
- 5=Not at all like me

Table #54 When I'm with my friends, I feel completely able to relax and be myself. (N=30)

Responses	Frequency	Percentage
Very much like me	23	76.7
Much like me	2	6.7
Somewhat like me	3	10
Not very much like me	1	10
Not at all like me	0	0
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 76.7 percent (n=23) responded very much like me, 6.7 percent (n=2) responded much like me, 10 percent (n=3)

responded somewhat like me, 3.3 percent (n=1) responded not very much like me and 3.3 percent (n=1) of the cases were missing.

Table #55 I share the same approach to life that many of my friends do. (N=30)

Responses	Frequency	Percentage
Very much like me	18	60
Much like me	5	16.7
Somewhat like me	1	3.3
Not very much like me	5	16.7
Not at all like me	0	0
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 60 percent (n=18) responded very much like me, 16.7 percent (n=5) much like me, 3.3 percent (n=1) somewhat like me, 16.7 percent (n=5) responded somewhat like me and 3.3 percent (n=1) of the cases were missing.

Table #56 People who know me trust me and respect me. (N=30)

Responses	Frequency	Percentage
Very much like me	25	83.3
Much like me	1	3.3
Somewhat like me	2	6.7
Not very much like me	1	3.3
Not at all like me	0	0

Table 56 (continued)

Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 60 percent (n=18) very much like me, 16.7 percent (n=5) responded much like me, 3.3 percent (n=1) responded somewhat like me, 16.7 percent (n=2) responded not very much like me and 3.3 percent (n=1) of the cases were missing.

Table #57 No matter what happens, I know that my family will always be there for me should I need them. (N=30)

Responses	Frequency	Percentage
Very much like me	13	43.3
Much like me	1	3.3
Somewhat like me	5	16.7
Not very much like me	5	15.7
Not at all like me	5	16.7
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 43.3 percent (n=13) responded very much like me, 3.3 percent (n=1) responded much like me, 16.7 percent (n=5) responded somewhat like me, 16.7 percent (n=5) responded not very much like me, 16.7 percent (n=5) responded not at all like me and 3.3 percent (n=1) of the cases were missing.

Table #58 When I want to go out to do things I know that many of my friends would enjoy doing these things with me. (N=30)

Responses	Frequency	Percentage
Very much like me	21	70
Much like me	7	23.4
Not very much like me	0	0
Not at all like me	1	3.3
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 70 percent (n=21) responded very much like me, 23.3 percent (n=7) responded much like me, 3.3 percent (n=1) responded not at all like me and 3.3 percent (n=1) cases were missing.

Table #59 I have at least one friend I could tell anything to. (N=30)

Responses	Frequency	Percentage
Very much like me	23	76.7
Much like me	3	10
Somewhat like me	1	3.3
Not very much like me	0	0
Not at all like me	2	6.7
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this

study, 76.7 percent (n=23) responded very much like me, 10 percent (n=3) responded much like me, 3.3 percent (n=1) responded somewhat like me, 6.7 percent (n=2) responded not at all like me and 3.3 percent (n=1) cases were missing.

Table # 60 Sometimes I'm not sure if I can completely rely on my family. (N=30)

Responses	Frequency	Percentage
Very much like me	0	0
Much like me	0	0
Somewhat like me	7	23.3
Not very much like me	12	40
Not at all like me	10	33.3
Missing cases	1	3.3
Total	30	100

The above shows that of the 30 participants in this study, 23.3 percent (n=7) responded somewhat like me, 40 percent (n=12) responded not very much like me, 33.3 percent (n=10) responded not at all like me and 3.3 percent (n=1) of the cases were missing.

Table #61 People who know me think I am good at what I do. (N=30)

Responses	Frequency	Percentage
Very much like me	20	66.7
Much like me	7	23.3
Somewhat like me	2	6.7
Not very much like me	0	0

Table 61 (continued)

Not at all like me	0	0
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 66.7 percent (n=20) responded very much like me, 23.3 percent (n=7) responded much like me, 6.7 percent (n=2) responded somewhat like me and 3.3 percent (n=1) of the cases were missing.

Table #62 I feel very close to my friends. (N=30)

Responses	Frequency	Percentage
Very much like me	22	73.3
Much like me	5	16.7
Somewhat like me	1	3.3
Not very much like me	0	0
Not at all like me	1	3.3
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 73.3 percent (n=22) responded very much like me, 16.7 percent (n=5) responded much like me, 3.3 percent (n=1) responded somewhat like me, 3.3 percent (n=1) responded not at all like me and 3.3 percent (n=1) of the cases were missing.

Table #63 People in my family have confidence in me.
(N=30)

Responses	Frequency	Percentage
Very much like me	10	33.3
Much like me	3	10
Somewhat like me	6	20
Not very much like me	6	20
Not at all like me	4	13.3
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 33.3 percent (n=10) responded very much like me, 10 percent (n=3) responded much like me, 20 percent (n=6) responded somewhat like me, 20 percent (n=6) responded not very much like me, 13.3 percent (n=4) responded not at all like me and 3.3 percent (n=1) of the cases were missing.

Table #64 My family lets me know they think I am a worthwhile person. (N=30)

Responses	Frequency	Percentage
Very much like me	9	30
Much like me	4	13.3
Somewhat like me	6	20
Not very much like me	6	20
Not at all like me	4	13.3
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 30 percent (n=9) responded very much like me, 13.3 percent (n=4) responded much like me, 20 percent (n=6) responded not very much like me, 13.3 percent (n=4) respondent not at all like and 3.3 percent (n=1) of the cases were missing.

Table #65 People in my family provide me with help in finding solutions to my problems. (N=30)

Responses	Frequency	Percentage
Very much like me	10	33.3
Much like me	3	10
Somewhat like me	5	16.7
Not very much like me	7	23.3
Not at all like me	5	16.7
Missing cases	0	0
Total	30	100

The above table shows that of the 30 participants in this study, 33.3 percent (n=10) responded very much like me, 10 percent (n=3) responded much like me, 16.7 (n=5) responded somewhat like me, 23.3 percent (n=7) responded not very much like me, 13.3 percent (n=4) responded not at all like me and 3.3 percent (n=1) of the cases were missing.

Table #66 My friends would take the time to talk over problems should I ever want to. (N=30)

Responses	Frequency	Percentage
Very much like me	18	60

Table 66 (continued)

Much like me	4	13.3
Somewhat like me	5	16.7
Not very much like me	1	3.3
Not at all like me	1	3.3
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 60 percent (n=18) responded very much like me, 13.3 percent (n=4) responded much like me, 16.7 percent (n=5) responded somewhat like me, 3.3 percent (n=1) responded not very much like me, 3.3 percent (n=1) responded not at all like me and 3.3 percent (n=1) of the cases were missing.

Table #67 I know my family will always stand by me. (N=30)

Responses	Frequency	Percentage
Very much like me	8	26.7
Much like me	3	10
Somewhat like me	8	26.7
Not very much like me	4	13.3
Not at all like me	6	20
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this

study, 26.7 percent (n=8) responded very much like me, 20 percent (n=6) responded not at all like me and 3.3 percent (n=1) of the cases were missing.

**Table #68 Even when I am with my friends I feel alone.
(N=30)**

Responses	Frequency	Percentage
Very much like me	2	6.7
Much like me	0	0
Somewhat like me	1	3.3
Not very much like me	9	30
Not very much like me	17	56.7
Missing cases	1	3.3
Total	30	100

The above table shows that of the 30 participants in this study, 6.7 percent responded very much like me, 3.3 percent (n=1) responded somewhat like me, 30 percent (n=9) responded not very much like me, 60 percent (n=18) responded not at all like me and 3.3 percent (n=1) of the cases were missing.

Table #69

	ISE	CAS	PSR
Mean	30.8	19.1	53.6
Standard deviation	3.32	5.21	10.5

The above table displays the mean scores and standard deviations of the Index of Self Esteem (ISE), Clinical

**Anxiety Scale (CAS) and Provision of Social Relations (PSR)
for an HIV support group of African American males
respondents (N=30).**

CHAPTER FIVE

SUMMARY AND CONCLUSION

The objective of this study was to examine the effects support groups have on the self-esteem and anxiety levels of African American males in an HIV support group. The initial phase of the study allowed for the identification and presentation of demographic variables for this population of African American males in an HIV support group. Answers to the hypothesis was addressed by utilizing various data analysis strategies. Descriptive statistics were used to identify frequency distributions. Correlation coefficient was utilized to determine if identified variables reflected statistically significant results. The results of this study were then analyzed.

The results of the study showed that the majority (100%, n=30) of the participants were African American men with fairly decent education. The majority had graduated from college (56.7%, n=17) or had finished high school (40.0%, n=12). Ninety percent (n=27) of the respondents had never been married and 13.3 percent (n=19) were currently employed full-time.

Over seventy-six percent (n=23) mode of transmission for

the HIV virus was male to male sexual contact, 10 percent (n=3) responded female to male sexual contact, 10 percent (n=3) responded intravenous (IV) drug use as a mode of transmission and 3.3 percent (n=1) responded other.

The scores on the Index of Self-Esteem Scale revealed that as a group, the respondents had a high degree of self esteem problems. The mean score on the scale was 93.5 showing that self esteem could potentially be a area of concern for the majority of the respondents.

The scores on the Clinical Anxiety Scale revealed that as a group, the respondents anxiety levels were low. The mean score of the scale was 19.1, showing that anxiety was at a manageable level.

The scores on the Provision of Social Relations revealed that as a group, the respondents relations with others (ie family, friends) were at high level, indicating overall, positive relationships. The mean score on the scale was 33.9 and did not appear to be an area of concern.

Limitations of the Study

The study had two methodological limitations. First, the sample selection raises questions about the generalization of the findings of African American males, and it cannot be assumed that the selected participants in this study are representatives of all participants in similar settings and/or situations. Second, self-reported data are subject to biases related to social desirability and fear of disclosing personal

and sensitive information.

Suggested Research Directions

Future research in this area of study may benefit from a larger population sample for a more significant representation of the entire population. Future research may also benefit from a comparative study between either HIV positive African Americans males in a support group and HIV positive White American males in a support group. The question of how support groups can help African American males living with the HIV disease increase their self-esteem and reduce their levels of anxiety is needed.

CHAPTER SIX

IMPLICATIONS FOR SOCIAL WORK PRACTICE

Although several studies have provided an historical perspective by documenting the effects of the HIV disease on the self-esteem and anxiety levels among mainly the larger white population in general. The empirical social work literature on the levels of self-esteem and anxiety among African Americans, and African American males in general is limited.

The limited empirical research literature on African American males is, due in part to the difficulty the larger population appear to have gaining contact with the African American community. Which may be due in part to the reluctance of social work researchers to utilize non-qualitative data, ie., life experiences, through family, and friends.

Researchers need to understand and empathize with how African Americans live and face many of the pressures they endure, particularly African American males, who are often viewed in a stereotypical manner, and are therefore treated in this manner by the larger population. Too often, researchers internalize these stereotypic and negative images of African American males which interferes with much needed research to

be carried out for the benefit of this population.

The implications evolving around these findings revealed that there exist a need for social workers to educate and advocate on behalf of HIV positive African American males in the areas of accessing resources to reduce the levels of anxiety endured and help in building self-esteem, focusing on enhancing acceptance of one's HIV health status and racial identity.

There appears to be a need for further exploration of the factors that contribute to low self-esteem, high levels of anxiety and poor relationships with family and friends. Further research and refinement of practice skills are essential.

The role of the social worker in the African American community must be to develop a appropriate framework for clinical practice directed at the difficulty to assess African American community, and African American males in particular. Finally, expanding activities in relation to advocacy for African American males so that institutional and governmental policies, and the larger society will change their negative, discriminatory behaviors against this population.

APPENDIX

Dear Participant,

My name is Alvin Minnifield. I am a second year MSW student at Clark Atlanta University School of Social Work. I am also a MSW Intern at AID Atlanta. In pursuit of my graduate degree, I am conducting a research study designed to examine the effects of support groups on self-esteem and anxiety among African American males. Please assist me by completing the attached questionnaire. Your time and care in completing this questionnaire is greatly appreciated.

Please be assured that your answers will be completely anonymous. At no point, will your name be associated with your completed questionnaire or scales. I would like for you to answer each item as carefully and truthfully as possible. It is my hope that pre-existing programs and agencies can use this research to structure their services for HIV positive African American males. Upon Your request, results of this study will be made to you. Please feel free to contact me through Clark Atlanta University School of Social Work, at 880-8555.

Sincerely,

Alvin Minnifield, MSW Student

Hattie Mitchell, Thesis Advisor

DATE: ____/____/____

Directions: Please answer each question as carefully and truthfully as possible. Circle or write in the answer that best describes your desired response. Thank you for your participation.

PART I---DEMOGRAPHICS

1. What is your sex?
 - a. Male
 - b. Female
2. What is your age? _____
3. What is your highest level of education you have completed?
 - a. Elementary
 - b. High School
 - c. College (4 years)
 - d. College (post Graduate)
 - e. other _____
4. What is your marital status?
 - a. Never married
 - b. Married
 - c. Separated
 - d. Widowed
 - e. Divorced
5. Do you have any children? (circle one)
 - a. Yes
 - b. No
6. What was your employment status before you were diagnosed? (circle one)
 - a. Employed full-time (35-40 hours a week)
 - b. Employed part-time (less than 35 hours a week)
 - c. Unemployed
 - d. Attending school
 - e. Unable to work due to disability
 - f. Retired
7. What is your present employment status? (circle one)
 - a. Employed full-time (35-40 hours a week)
 - b. Employed part-time (less than 35 hours a week)
 - c. Unemployed
 - d. Attending school
 - e. Unable to work due to disability.
 - f. Retired

8. If your job status has changed for the worse since being diagnosed for HIV, why did it change? (circle one)
 - a. Was not physically able to perform job.
 - b. Was fired on basis of HIV diagnosis
 - c. Fired because of absenteeism due to illness
 - d. fired because of absenteeism due to stress
 - e. other _____
9. Have you ever served in the military? (circle one)
 - a. Yes
 - b. No
10. Have you gone to war? (circle one)
 - a. Yes
 - b. No
11. What type of financial assistance do you currently receive? (circle all that apply)
 - a. No financial assistance
 - b. Food stamps
 - c. Unemployment insurance benefits
 - d. Social security (non-disability)
 - e. Disability
 - f. General assistance
12. Are you currently on medication?
 - a. Yes
 - b. No
13. What type of medical insurance do you have? (circle all that apply)
 - a. Private/HMO
 - b. Medicaid
 - c. Medicare
 - d. Veteran's administration
 - e. None
 - f. Other

Part II---MEN'S HEALTH

1. In general what would you say your health is?
 - a. Excellent
 - b. Very good
 - c. Good
 - d. Fair
 - e. Poor

2. What is your current diagnosis? (circle one)
 - a. HIV+
 - b. AIDS
3. Why were you tested for HIV?
 - a. Martial purpose
 - b. Part of medical examination
 - c. High risk behavior (s)
 - d. Health/life insurance purposes
 - e. Illness
 - f. Other
4. What was your mode of transmission for HIV?
 - a. Male to male sexual contact.
 - b. Intravenous (IV) drug use.
 - c. Female to male sexual contact.
 - d. Other _____ (please specify)
5. Where do you go for the majority of your medical care? (circle one)
 - a. Grady IDC (Infectious Disease Clinic)
 - b. Southside IDC (Infectious Disease Clinic)
 - c. Private hospital _____ (please specify)
 - d. Other _____ (please specify)
 - e. None
6. When was the last time you saw a doctor concerning your HIV illness?
 - a. Within the last week.
 - b. Within the last 6 months
 - c. Within the last 12 months.
 - d. Over three years
 - e. Over five years

PART III---SOCIAL SUPPORT

1. Do you communicate with any members of your family? (circle one)
 - a. Yes
 - b. No
2. How many family members do you communicate with? _____
3. Do you have any family members in Georgia? (circle one)
 - a. Yes
 - b. No
4. Do you have any family members in Atlanta? (circle one)

- a. Yes
 - b. No
5. Have you told any of your family members of your HIV diagnosis? (circle one)
- a. Yes
 - b. No
6. What was your family member (s) reaction to your diagnosis?
- a. Shock
 - b. Sadness
 - c. Anger
 - d. Denial
 - e. Guilt
 - f. Indifference
 - g. Other
7. How many friends do you have? _____
8. How many confidants do you have? _____
9. Do you receive any financial support from family members?
- a. Yes
 - b. No
10. Did you attend religious services on a regular basis before you were diagnosed? (circle one)
- a. Yes
 - b. No
11. Do you currently attend religious services on a regular basis? (circle one)
- a. Yes
 - b. No
12. Has your outlook on life changed since being diagnosed?
- a. Yes
 - b. No
13. Who do you feel you receive the most emotional support from? (circle one)
- a. Family
 - b. Friends
 - c. Support groups
 - d. Church
 - e. Others _____ (please specify)
14. What is the most important goal in your life that you wish to accomplish?
- a. Get married
 - b. Raise a family

- c. Further your education
- d. Improve relationship with family members
- e. Enhance spirituality
- f. Other_____ (please specify)

INDEX OF SELF-ESTEEM (ISE)

Today's Date: _____

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and as accurately as you can by placing a number beside each one as follows.

1. None of the time.
2. Very rarely.
3. A little of the time.
4. Some of the time.
5. A good part of the time.
6. Most of the time.
7. All of the time.

-
- | | | |
|-----|-------|-------------------------------------------------------------------|
| 1. | _____ | I feel that people would not like me if they really knew me well. |
| 2. | _____ | I feel that others get along much better than I do. |
| 3. | _____ | I feel that I am a beautiful person. |
| 4. | _____ | When I am with others I feel they are glad I am with them. |
| 5. | _____ | I feel that people really like to talk with me. |
| 6. | _____ | I feel that I am a very competent person. |
| 7. | _____ | I think I make a good impression on others. |
| 8. | _____ | I feel that I need more self-confidence. |
| 9. | _____ | When I am with strangers I am very nervous. |
| 10. | _____ | I think that I am a dull person. |
| 11. | _____ | I feel ugly. |
| 12. | _____ | I feel that others have more fun than I do. |
| 13. | _____ | I feel that I bore people. |
| 14. | _____ | I think my friends find me interesting. |
| 15. | _____ | I think I have a good sense of humor. |
| 16. | _____ | I feel very self-conscious when I am with strangers. |
| 17. | _____ | I feel that if I could be more like people I would have it made. |
| 18. | _____ | I feel that people have a good time when they are with me. |
| 19. | _____ | I feel like a wallflower when I go out. |
| 20. | _____ | I feel I get pushed around more than others. |
| 21. | _____ | I think I am a rather nice person. |
| 22. | _____ | I feel that people really like me very much. |
| 23. | _____ | I feel that I am a likeable person. |
| 24. | _____ | I am afraid I will appear foolish to others. |
| 25. | _____ | My friends think very highly of me. |
-

CLINICAL ANXIETY SCALE (CAS)

Today's Date: _____

This questionnaire is designed to measure how much anxiety you are currently feeling. It is not a test so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows.

1. Rarely or none of the time
 2. A little of the time
 3. Some of the time
 4. A good part of the time
 5. Most or all of the time
-
1. _____ I feel calm.
 2. _____ I feel tense.
 3. _____ I feel suddenly scared for no reason.
 4. _____ I feel nervous.
 5. _____ I use tranquilizers or antidepressants to cope with my anxiety.
 6. _____ I feel confident about the future.
 7. _____ I am free from senseless or unpleasant thoughts.
 8. _____ I feel afraid to go out of my house alone.
 9. _____ I feel relaxed and in control of myself.
 10. _____ I have spells of terror or panic.
 11. _____ I feel afraid in open spaces or in the streets.
 12. _____ I feel afraid I will faint in public.
 13. _____ I am comfortable traveling on buses, subways or trains.
 14. _____ I feel nervousness or shakiness inside.
 15. _____ I feel comfortable in crowds, such as shopping or at a movie.
 16. _____ I feel comfortable when I am left alone.
 17. _____ I feel afraid without good reason.
 18. _____ Due to my fears, I unreasonably avoid certain animals, objects or situations.
 19. _____ I get upset easily or feel panicky unexpectedly.
 20. _____ My hands, arms or legs shake or tremble.
 21. _____ Due to my fears, I avoid social situations, whenever possible.
 22. _____ I experience sudden attacks of panic which catch me by surprise.
 23. _____ I feel generally anxious.
 24. _____ I am bothered by dizzy spells.
 25. _____ Due to my fears, I avoid being alone, whenever possible.

PROVISION OF SOCIAL RELATIONS (PSR)

We would like to know something about relationships with other people. Please read each statement below and decide how well the statement describes you. For each statement, show your answer by indicating to the left of the item the number that best describes how you feel. The numbers represents the following answers.

- 1 = Very much like me
- 2 = Much like me
- 3 = Somewhat like me
- 4 = Not very much like me
- 5 = Not at all like me

- _____ 1. When I'm with my friends, I feel completely able to relax and be myself.
- _____ 2. I share the same approach to life that many of my friends do.
- _____ 3. People who know me trust me and respect me.
- _____ 4. No matter what happens, I know that my family will always be there for me should I need them.
- _____ 5. When I want to go out to do things I know that many of my friends would enjoy doing these things with me.
- _____ 6. I have at least one friend I could tell anything to.
- _____ 7. Sometimes I'm not sure if I can completely rely on my family.
- _____ 8. People who know me think I am good at what I do.
- _____ 9. I feel very close to some of my friends.
- _____ 10. People in my family have confidence in me.
- _____ 11. My family lets me know they think I am a worthwhile person.
- _____ 12. People in my family provide me with help in finding solutions to my problems.
- _____ 13. My friends would take the time to talk over problems, should I ever want to.

- _____ 14.I know my family will always stand by me.
- _____ 15.Even when I am with my friends I feel alone.

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